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September 2, 2004

Receiver: Examiner Kuo Liang J. Tang
USPTO**FAX #:** 703-872-9306**Sender:** Tomika D. Thomas, Patent Secretary to:
JOHN F. GRIFFITH**Our Ref. No.:** SUN1P802/P5257
Application No.: 09/841,759**Re:** Response A**Pages Including Cover Sheet(s):** 12**MESSAGE:**

If any fees are due in connection with this filing, the Commissioner is hereby authorized to charge such fees to Deposit Account 500388 (Order No. SUN1P802)

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: PLUMMER, *et al.*

Attorney Docket No.: SUN1P802/P5257

Application No.: 09/841,759

Examiner: TANG, KUO LIANG J.

Filed: April 24, 2001

Group: 2122

Title: METHOD AND APPARATUS FOR
REWRITING BYTECODES TO MINIMIZE
RUNTIME CHECKS

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CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being transmitted via facsimile to the U.S. Patent and Trademark Office, Attention: Examiner K. Tang at facsimile telephone number (703) 872-9306 on September 2, 2004.

Signed:

Tornika Thomas
Tornika Thomas

RESPONSE TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	16	MINUS	16	00	x 9 =	x 18 = 00
Independent Claims	04	MINUS	04	00	x 43 =	x 86 = 00
Multiple Dependent Claim Present and Fee Not Previously Paid					\$145.00	\$290.00
Total					\$	\$00

- ☐ Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. SUN1P802).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP

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